Page ... Revised November 1990 Form Approved OMB No. 2050-0072 Owner/Operator Name Facility Identification **Tier Two EMERGENCY** HAZARDOUS Emergency Contact CHEMICAL Specific Information FOR by Chemical ID# OFFICIAL Date Received ONLY Check if information below is identical to the information submitted last year. Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 **Physical** Storage Codes and Locations (Non-Confidential) Optional **Chemical Description** and Health Inventory Hazards Storage Locations (check all that apply) Max. Dally Fire Amouni (code) Sudden Release of Pressure Chem. Name Avg. Dally Amount (code) Reactivity Immediate (acute) Check all No, of Days On-site (days) that apply. Delayed (chronic) **EHS Name** Max. Dally Fire Amount (code) Sudden Release of Pressure Chem. Name Avg. Dally Reactivity Amount (cade) Check all No. of Days Delayed (chronic) that apply: On-eite (days) **EHS Name** Max. Dally Amount (code) Sudden Release Chem. Name Avg. Dally Amount (code) Reactivity Immediate (acute) Check all No, of Days On-eite (days) Delayed (chronic) **EHS Name** Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and wn familiar with the information submitted in pages one through I have attached a site plan on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I have attached a list of site coordinate abbreviations I have attached a description of dikes and other safeguard measures Date signed Signature Name and official title of owner/operator OR owner/operator's authorized representative

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Tier Two	Facility Identification Owner/Op  Name Na  Street Mail Addr						
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	Street  City County State Zip  SIC Code Dun & Brad Number  FOR D#  OFFICIAL USE ONLY Date Received		Emergency Conta	Name			
Important: Re	ead all instructions before completing fo	rm Reporting Period	From January 1 to December 31, 19	Check II into	ormation below is identical to the information and year.		
Confid	lential Location	n Informat	ion Sheet	Storag	pe Codes and Locations (Confidential)	Optional	
CAS #	Cherri. Narre		•				
CAS #	Cherr. Narre						
CAS #	Chern. Name						
I certify under penalty of	Read and sign after completing all sections)  law that I have personally examined and am familiar with the dividuals responsible for obtaining the information, I believe to			Data signed	Optional Attachments  I have attached a site plan I have attached a list of site coordinate abbreviations I have attached a description of		